

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-596,072

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2				
4		⑤		/		
5		⑥		/		
6		⑦		/		
7		⑧		/		
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23		⑪		/		
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25		⑬		/		
26		⑭		/		
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29		⑰		/		
30		⑱		/		
31		⑲				
32		⑳		/		
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50						
TOTAL IND.	5	↓	3	↓		↓
TOTAL DEP.	43	←	31	←		←
TOTAL CLAIMS	48		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						